

L14000197170

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W14-74215 DBA

Office Use Only



600266905566

EFFECTIVE DATE
1-1-2015

600266905566
12/03/14--01033--006 **160.00

FILED
2014 DEC 30 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 31 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2014

ANNIE POMPA
10887 N KENDALL DR.
MIAMI, FL 33176

SUBJECT: HOLISTIC GLOBAL TRADE SOLUTIONS (H.G.T.S) LLC
Ref. Number: W14000074215

RECEIVED
14 DEC 30 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for HOLISTIC GLOBAL TRADE SOLUTIONS (H.G.T.S) LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 714A00026364

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holistic Global Trade Solutions (H.G.T.S.) LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annie Pompa

Name of Person

Firm/Company

10007 N. Kendall Drive

Address

Miami, Florida, 33176

City/State and Zip Code

annieLex@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annie Pompa Morejon at (786) 5424013
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
1-1-2015

Holistic Global Trade Solutions LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6735 Conroy Road
SUITE 306, Orlando, Florida
32835, US

Mailing Address:

10887 SW 88th
MIAMI, FLORIDA, apt 425
33176

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Annie Pompa Morejon
Name

6735 Conroy Road, suite 306
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32835
City Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

Chapter 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MGR

Annie Pompa Morejon
6735 Conroy Road Suite J306
Orlando, Florida 32835, US.

Ruben D. Mares Ramirez
8974 Cuban Palm Road
Kissimmee, Florida 34747, US.

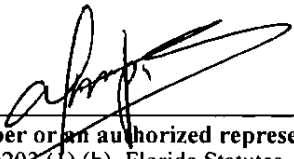
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Annie Pompa Morejon
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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